



# TOXICOLOGY TEST REQUISITION FORM

29580 Northwestern Hwy Suite 120, Southfield, MI 48034

(248) 301-6917

www.nwlab.com

## PATIENT INFORMATION

Patient Demo Attached ☐

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## PRIMARY INSURANCE

☐ Medicare

☐ Medicaid

☐ Commercial

☐ Auto

☐ Workers Comp

☐ Client

☐ Other Insurance

Insurance Name: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Group #: \_\_\_\_\_

Relation to Patient: ☐ Self ☐ Spouse ☐ Guardian

## Order Screen

☐ 11 Panel Drug Screen With Reflex Confirmation  
6-Am, AMP, BZO, BUP, FEN, COC, MET, MTD, OPI, OXY, THC

☐ 10 Panel Drug Screen With Reflex Confirmation  
6-Am, AMP, BZO, BUP, FEN, COC, MET, MTD, OPI, OXY

## SPECIMEN INFORMATION

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE COLLECTED

\_\_\_\_\_  
INITIAL

\_\_\_\_:\_\_\_\_  
TIME COLLECTED

AM  
PM

Temperature read within 4 min. and is in range of 32.2 - 37.3°C (90 - 100°F)

☐ YES

☐ NO

If NO: Actual Temp.: \_\_\_\_\_

Med List Attached ☐

Specimen Source: Urine ☐ Oral Fluid ☐

POC Performed in Office ☐

## Reflex Confirmation Definition

- Confirm all inconsistent results
- Confirm positive illicit findings
- Confirm all negative prescribed medications of interest
- Tests for prescribed medications of interest not available on the presumptive test (example: Gabapentin, Muscle Relaxers, antidepressants, fentanyl etc)
- Confirm all positive classes of drugs for specific analyte breakdown

## OR ORDER CONFIRMATION by drug class or individual analyte

### ☐ Opiates & Opioids

- ☐ Buprenorphine (Suboxone) + Metabolite  
☐ Carfentanil (Wildnil)  
☐ Codeine (Tylenol III) + Metabolites  
☐ Fentanyl (Actiq) + Metabolite  
☐ Hydrocodone (Norco) + Metabolites  
☐ Hydromorphone (Dilaudid)  
☐ Meperidine (Demerol) + Metabolite  
☐ Methadone (Dolophine) + Metabolite  
☐ Mitragynine (Kratom) + Metabolite  
☐ Morphine (MS Contin)  
☐ Naloxone (Narcan)  
☐ Naltrexone (Revia)  
☐ Oxycodone (Percocet) + Metabolites  
☐ Oxymorphone (Opana)  
☐ Sufentanil (Dsuvia)  
☐ Tapentadol (Nucynta) + Metabolite  
☐ Tramadol (Ultram) + Metabolite

### ☐ Benzodiazepines

- ☐ Alprazolam (Xanax) + Metabolite  
☐ Clonazepam (Klonopin) + Metabolite  
☐ Diazepam (Valium) + Metabolite  
☐ Lorazepam (Ativan)  
☐ Oxazepam (Serax)  
☐ Temazepam (Restoril)  
☐ Triazolam (Halcion)

### ☐ Non-Benzodiazepines Hypnotics

- ☐ Zolpidem (Ambien)

### ☐ Neuropathic Analgesics

- ☐ Gabapentin (Neurontin)  
☐ Pregabalin (Lyrica)

### ☐ Stimulants

- ☐ Amphetamines (Adderall)  
☐ Lisdexamfetamine (Vyvanse)  
☐ Methylphenidate (Ritalin/Concerta) + Metabolite  
☐ Phentermine (Adipex)

### ☐ Antidepressants

- ☐ Bupropion (Wellbutrin) + Metabolite  
☐ Buspirone (Buspar)  
☐ Citalopram/Escitalopram (Celexa/Lexapro)  
☐ Duloxetine (Cymbalta)  
☐ Fluoxetine (Prozac) + Metabolite  
☐ Ketamine (Special K)  
☐ Mirtazapine (Remeron) + Metabolite  
☐ Paroxetine (Paxil)  
☐ Sertraline (Zoloft)  
☐ Trazodone (Oleptro, Desyrel)  
☐ Venlafaxine (Effexor) + Metabolite  
☐ Vortioxetine (Trintellix)

### ☐ Tricyclic Antidepressants

- ☐ Amitriptyline (Elavil) + Metabolite  
☐ Doxepin (Aponal)  
☐ Imipramine (Tofranil)  
☐ Nortriptyline (Pamelor)

### ☐ Antipsychotics

- ☐ Aripiprazole (Abilify)  
☐ Asenapine (Saphris)  
☐ Brexpiprazole (Rexulti)  
☐ Cariprazine (Vraylar)  
☐ Clozapine (Clozaril)  
☐ Fluphenazine (Prolixin/Permitil)  
☐ Haloperidol (Haldol)  
☐ Lamotrigine (Lamictal)  
☐ Lurasidone (Latuda)  
☐ Olanzapine (Zyprexa) + Metabolite  
☐ Quetiapine (Seroquel) + Metabolite  
☐ Risperidone (Risperdal) + Metabolite  
☐ Ziprasidone (Geodon, Zeldox)

### ☐ Anticonvulsants/Mood Stabilizers

- ☐ Carbamazepine (Tegretol) + Metabolite  
☐ Oxcarbazepine (Trileptal)  
☐ Paliperidone (Invega)

### ☐ Barbiturates

- ☐ Butalbital (Fioricet)  
☐ Phenobarbital (Solfoton)

### ☐ Muscle Relaxants

- ☐ Carisoprodol (Soma) + Metabolite  
☐ Cyclobenzaprine (Flexeril)  
☐ Meprobamate (Equanil)  
☐ Xylazine (Rompun)

### ☐ Illicit

- ☐ 6-MAM (Heroin)  
☐ Cocaine + Metabolite  
☐ MDMA (Ecstasy)  
☐ Methamphetamine (Desoxyn) (Crystal Meth)  
☐ THC-COOH (Marijuana Metabolite)

### ☐ Fentanyl Analogs

- ☐ Acetyl Fentanyl  
☐ Acetyl Norfentanyl  
☐ Acrylfentanyl  
☐ Alfentanil  
☐ Butyryl Fentanyl  
☐ Cyclopropyl Fentanyl  
☐ Furanyl Fentanyl  
☐ Valeryl Fentanyl

### ☐ Additional Analytes

- ☐ Acetaminophen (OTC Tylenol)  
☐ Butabarbital (Butisol)  
☐ Chlordiazepoxide (Librium)  
☐ Clomipramine (Anafranil)  
☐ Cotinine (Nicotine)  
☐ Dextromethorphan (Robitussin)  
☐ Diphenhydramine (Benadryl)  
☐ JWH-018 (Spice, K2)  
☐ JWH-250  
☐ Lysergic Acid Diethylamide (LSD)  
☐ MDEA (Eve)  
☐ MDPV (Bath Salt)  
☐ Mephedrone (White Magic)  
☐ Methylone (bubbles, explosion)  
☐ Midazolam (Versed)  
☐ PCP (Phencyclidine) (Angel Dust)  
☐ Pentazocine (Talwin)  
☐ Propoxyphene (Darvocet)  
☐ Secobarbital (Seconal and Tuinal)  
☐ Topiramate (Topamax)  
☐ Zaleplon (Sonata)

### ☐ ETG/ETS (Alcohol)

ICD List Disclaimer: It is the sole responsibility of the ordering clinician to diagnose the patient accurately and faithfully. The diagnosis codes provided below are published by the CMS for ease of ordering. Any diagnosis codes on the requisition MUST also be documented in the patients' clinical medical records. Please provide a copy of those records along with the order.

SUD Substance Use Disorder Patients

Primary ☐ Z03.89

SUD Secondary Codes

- ☐ F10.11 Alcohol abuse, in remission
- ☐ F10.130 Alcohol abuse with withdrawal, uncomplicated
- ☐ F10.131 Alcohol abuse with withdrawal delirium
- ☐ F10.132 Alcohol abuse with withdrawal with perceptual disturbance
- ☐ F10.20 Alcohol dependence, uncomplicated
- ☐ F10.930 Alcohol use, unspecified with withdrawal, uncomplicated
- ☐ F10.931 Alcohol use, unspecified with withdrawal delirium
- ☐ F10.932 Alcohol use, unspecified with withdrawal with perceptual disturbance
- ☐ F11.11 Opioid abuse, in remission
- ☐ F11.13 Opioid abuse with withdrawal
- ☐ F11.20 Opioid dependence, uncomplicated
- ☐ F11.220 Opioid dependence with intoxication, uncomplicated
- ☐ F11.221 Opioid dependence with intoxication delirium
- ☐ F11.222 Opioid dependence with intoxication with perceptual disturbance
- ☐ F11.229 Opioid dependence with intoxication, unspecified
- ☐ F11.23 Opioid dependence with withdrawal
- ☐ F11.24 Opioid dependence with opioid-induced mood disorder
- ☐ F11.250 Opioid dependence with opioid-induced psychotic disorder with delusions
- ☐ F11.251 Opioid dependence with opioid-induced psychotic disorder with hallucinations
- ☐ F11.259 Opioid dependence with opioid-induced psychotic disorder, unspecified
- ☐ F11.281 Opioid dependence with opioid-induced sexual dysfunction
- ☐ F11.282 Opioid dependence with opioid-induced sleep disorder
- ☐ F11.288 Opioid dependence with other opioid-induced disorder
- ☐ F11.29 Opioid dependence with unspecified opioid-induced disorder

SUD Secondary Codes

- ☐ F12.11 Cannabis abuse, in remission
- ☐ F12.13 Cannabis abuse with withdrawal
- ☐ F12.23 Cannabis dependence with withdrawal
- ☐ F12.93 Cannabis use, unspecified with withdrawal
- ☐ F13.11 Sedative, hypnotic or anxiolytic abuse, in remission
- ☐ F13.130 Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
- ☐ F13.131 Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
- ☐ F13.132 Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance
- ☐ F14.11 Cocaine abuse, in remission
- ☐ F14.13 Cocaine abuse, unspecified with withdrawal
- ☐ F14.93 Cocaine use, unspecified with withdrawal
- ☐ F15.11 Other stimulant abuse, in remission
- ☐ F15.13 Other stimulant abuse with withdrawal
- ☐ F16.11 Hallucinogen abuse, in remission
- ☐ F18.10 Inhalant abuse, uncomplicated
- ☐ F18.11 Inhalant abuse, in remission
- ☐ F18.120 Inhalant abuse with intoxication, uncomplicated
- ☐ F18.90 Inhalant use, unspecified, uncomplicated
- ☐ F19.11 Other psychoactive substance abuse, in remission
- ☐ F19.130 Other psychoactive substance abuse with withdrawal, uncomplicated
- ☐ F19.131 Other psychoactive substance abuse with withdrawal delirium
- ☐ F19.132 Other psychoactive substance abuse with withdrawal with perceptual disturbance
- ☐ F19.20 Other psychoactive substance dependence, uncomplicated

Provider Acknowledgement:

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patients chart. If not signed, the authorized Healthcare Provider affirms that the test orders are placed in the patient file with Provider Signature and will be available upon request. The office of the inspector general requires documentation in patient medical chart including date of service, tests ordered, and documentation to support medical necessity. I have taken a risk assessment score and will send that along with the first order for the patient when the patient is a COT patient and I will follow the Medicare guidelines for COT or SUD patients frequency of testing.

Provider Signature:  
Signature Date:

Patient Consent:

Authorization to Release Information: I hereby authorize my treating provider NORTHWEST LABS to: (1) release any information necessary to insurance carriers and providers regarding my illness, treatments and results; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

Patient Signature:  
Signature Date:

Version Control #	Issue Date:
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